

MASSACHUSETTS STATE BOARD OF REGISTRATION IN PHARMACY

Continuing Education Committee

Board Approved Provider Description Form

PROVIDER NAME _____ PROGRAM NUMBER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Directions: Please fill out this form for each continuing education program that you develop and conduct as a Board approved provider. Your completed form should be submitted to the Board at least 30 days in advance of the scheduled date for the C.E. activity described. A copy of promotional material should be attached.

PROGRAM TITLE _____

General Topic Category (check all that apply):

<input type="checkbox"/> Practice Management	<input type="checkbox"/> Patient Management/Clinical Topics
<input type="checkbox"/> Disease States/Therapeutics	<input type="checkbox"/> Drugs and Dosage Forms
<input type="checkbox"/> Laws, Rules & Regulations	<input type="checkbox"/> Other (describe)

Delivery Mode: ☐ Live Program ☐ Home Study ☐ Other (describe)

Date(s) _____ Location(s) _____

Sponsor/Co-sponsor(s) _____

Tuition (Fee): \$ _____ Estimated Number of Participants _____

Amount of Credit _____ (CEU's – 1 contact hour equals 0.1 CEU)

Person Completing Form/Title _____ Date _____

Telephone No.(s) Day () _____ Evening () _____

NOTE: The provider will be directly responsible to the Board of Pharmacy for verification of participation in the program, and the issuance of certificate for hours completed to each participant of said approved program.

Please attach a detailed outline of each program; include goals and objectives and listing of presenters with credentials on opposite side of this page.

Have you ever provided a Board of Pharmacy approved program? YES NO

If YES, please indicate the most recent program number _____

Please return this completed form to: Mass. Board of Registration in Pharmacy-CE
239 Causeway Street, 5th Floor
Boston, MA 02114



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration in Pharmacy
239 Causeway Street, 5th Floor
Boston, MA 02114
(617) 727-9953 (office) (617) 727-2366 (fax)
website: <http://www.state.ma.us/reg/boards/ph/default.htm>

CONTINUING EDUCATION INSTRUCTIONS

4.05: Criteria for Board Approval of Continuing Education Programs

The following guidelines are to assist the registered pharmacist in selecting an appropriate continuing education program and the provider in preparing and implementing continuing education programs for Board approval as an authorized provider.

- (1) An applicant for status as a Board-approved provider of a continuing education program shall submit a completed application form, available from the Board, for each continuing education program for which the applicant is seeking approval. The form shall include the following:
 - (a) The objectives of the program, which shall be:
 1. clearly stated;
 2. the basis for determining content, learning experience, teaching methodologies, and evaluation;
 3. specific;
 4. obtainable;
 5. measurable; and
 6. describe the expected outcomes for the learner
 - (b) The appropriate subject matter, which shall include one or more of the following:
 1. pharmacy practice management;
 2. disease states/therapeutics;
 3. research in pharmacy and health care;
 4. patient management;
 5. clinical topics;
 6. drugs and dosage forms;
 7. laws and regulations in relation to the practice of pharmacy; and
 8. other topics which the Board may find important in educating the pharmacist.

(c) the subject matter shall be described in outline form as follows:

1. learner objectives;
2. content;
3. time allotment;
4. teaching methods; and
5. evaluation format.

(d) whether the program will be live or a home-study or other mediated instruction.

(e) the date(s) of the intended program.

(f) the location(s) of the intended program, if applicable.

(g) the sponsor(s) of the program.

(h) the tuition required to attend the program.

(i) the amount of continuing education credit, in CEU's, which the program is intended to provide.

(j) the qualifications of the faculty preparing and teaching the intended program.

(k) other information which the Board may deem important.

(2) When the intended program is an academic course, the course shall be within the framework of curriculum that leads to an academic degree in pharmacy or is relevant to pharmacy, or a course within that curriculum that is necessary to an individual's growth and development within the profession as outlined in 247 CMR 4.11.

(3) When the intended program is intended for home-study or other mediated instruction, it shall:

- (a) be developed by a professional group;
- (b) follow a logical sequence;
- (c) involve the learner by requiring an active response to materials and provide feedback;
- (d) contain a test to indicate progress and to verify the completion of program; and
- (e) supply a bibliography for continued study.

(4) When the intended program is a live program, it shall:

- (a) involve direct interaction between the faculty and participants; and
- (b) the faculty should possess the appropriate credentials related to the discipline being taught.

(5) Education Methods shall conform to the following:

- (a) learning experiences and teaching methods shall be appropriate to achieve the objectives of the program;
- (b) principles of adult education shall be used in the design of the program;

- (c) time allotted for each activity shall be sufficient for the learner to meet the objective of the program and
- (d) facilities and educational resources shall be adequate to implement the program.
- (6) The faculty shall present documentation satisfactory to the Board indicating his or her competence to teach the content of the intended program and that he or she possesses knowledge of the principles of adult education.
- (7) Attendee and program evaluation:
 - (a) a provision shall be made for evaluating the program participant's attainment of the stated learner objectives; and
 - (b) program participants shall be given the opportunity to evaluate faculty, learning experiences, instructional methods, facilities and educational resources used for the program.

4.06: Certificate of Completion of CEUs

- (1) An authorized provider shall issue to each pharmacist who has satisfactorily completed a program sponsored or co-sponsored by that provider a certificate of completion of CEUs certifying that the pharmacist has completed a specified number of CEUs.
- (2) The following information shall be included on each certificate of completion of CEUs issued by an authorized provider:
 - (a) the name and address of the authorized provider;
 - (b) the participant's name;
 - (c) the title of the continuing education program;
 - (d) the location of the program;
 - (e) the date of completion of the program; and
 - (f) the number of CEUs earned.
- (3) The CEUs noted on the certificate of completion of CEU's may be stated in whole numbers or as decimals or fractions.

4.07: Record-Keeping by Authorized Providers

- (1) Authorized providers shall be responsible for retaining records of the program, including:
 - (a) the name of each participant;
 - (b) the content of the program sponsored;
 - (c) the provider authorization number;
 - (d) the date of the continuing education programs;
 - (e) the location of continuing education program;
 - (f) the name of the approved instructor; and
 - (g) an indication of whether the program was completed by home-study or other mediated instruction.

- (2) Authorized providers shall maintain program records for a period of no less than three years from the date of presentation of the program.
- (3) Program records are subject to Board review and shall be made available to the Board and program participants upon request.

Each request for provider authorization, or program approval from an authorized provider, shall be submitted to the Board Continuing Education Committee no less than 30 days in advance of the date of the proposed program's presentation.